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| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4810). | | Complete if Known | |
| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">For FY 2009</h2> | | Application Number | 10/723,268-Conf. #8759 |
| | | Filing Date | November 26, 2003 |
| | | First Named Inventor | Barb A. Cohen |
| | | Examiner Name | T. M. Gough |
| | | Art Unit | 1657 |
| | | Attorney Docket No. | 59660(300541) |
| <input checked="" type="checkbox"/> | Applicant claims small entity status. See 37 CFR 1.27 | | |
| TOTAL AMOUNT OF PAYMENT | | (\$) | 470.00 |

| | | | |
|--|--|-------------------------------------|--|
| METHOD OF PAYMENT (check all that apply) | | | |
| <input type="checkbox"/> | Check | <input type="checkbox"/> | Credit Card |
| <input type="checkbox"/> | Money Order | <input type="checkbox"/> | None |
| <input type="checkbox"/> | Other (please identify): | | |
| <input checked="" type="checkbox"/> | Deposit Account | Deposit Account Number | 04-1105 |
| | | Deposit Account Name | Edwards Angell Palmer & Dodge LLP |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | |
| <input checked="" type="checkbox"/> | Charge fee(s) indicated below | <input type="checkbox"/> | Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> | Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> | Credit any overpayments |

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|---|---------------------|---|----------------------|----------------------------------|------------------|-----------------|--|
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| | Small Entity | Small Entity | Small Entity | Small Entity | Small Entity | Small Entity | |
| Application Type | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fees Paid (\$) |
| Utility | 330 | 165 | 540 | 270 | 220 | 110 | |
| Design | 220 | 110 | 100 | 50 | 140 | 70 | |
| Plant | 220 | 110 | 330 | 165 | 170 | 85 | |
| Reissue | 330 | 165 | 540 | 270 | 650 | 325 | |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | |
| | | | | | | | Small Entity Fee (\$) |
| | | | | | | | 26 |
| | | | | | | | 110 |
| | | | | | | | 195 |
| 2. EXCESS CLAIM FEES | | | | | | | |
| | | | | | | | Small Entity Fee (\$) |
| Fee Description Each claim over 20 (including Reissues) | | | | | | | 52 |
| Each independent claim over 3 (including Reissues) | | | | | | | 220 |
| Multiple dependent claims | | | | | | | 390 |
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | | Fee (\$) | Fee Paid (\$) |
| - 20 or HP = _____ x _____ = _____ | | | | | | _____ | _____ |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | _____ | _____ |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | | _____ | _____ |
| - 3 or HP = _____ x _____ = _____ | | | | | | _____ | _____ |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | _____ | _____ |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) | | | |
| - 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____ | | | | | | | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | 65.00 |
| Other (e.g., late filing surcharge): 2251 Extension for response within first month | | | | | | | 65.00 |
| 2801 Request for continued examination (RCE) (see 37 ... | | | | | | | 405.00 |

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|---------------------|------------------------|--------------------------------------|----------------|
| SUBMITTED BY | | | |
| Signature | /Elbert Chiang, Ph.D./ | Registration No. (Attorney/Agent) | 60,325 |
| Telephone | (617) 517-5502 | | |
| Name (Print/Type) | Elbert Chiang, Ph.D. | Date | April 12, 2010 |